

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

440

Lobbyist's Registration Number

**Instructions**

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 6401 United Plaza Blvd., Suite 200, Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 642-0630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Spradley Markos J.  
Last First MI2. BUSINESS PHONE (225) 1406 1309

1010444

3. BUSINESS ADDRESS 1034 N. Oak Hills Driveway Ste B, Baton Rouge, LA 70810  
Street and No. City State ZipMAILING ADDRESS SAYRE AS ABOVE  
Street and No. City State Zip4. EMPLOYER Spradley & Spradley, Inc.5. EMPLOYER'S ADDRESS SAYRE AS ABOVE  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes ✓ No   

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Columbus PropertiesAddress 408 Poydras Street, Suite 1100, New Orleans, LA 70112Business or purpose Education New Representation

Does this person pay you?

If No, who pays you? \_\_\_\_\_

 Terminated Representation as of 02/28/01FOR OFFICE USE ONLY  
Postmark Date: 3/1/01L. Spradley  
3/1/01  
#10.00  
KSD2000-2  
1:52

**SUPPLEMENTAL REGISTRATION FORM**

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2. Name Superior Services of New Orleans, LLC  
Address 1151 River Oaks Rd. W Metairie 70123  
Business or purpose Food Services

 New RepresentationDoes this person pay you? (Yes)

If No, who pays you?

 Terminated Representation as of 7/1/99

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

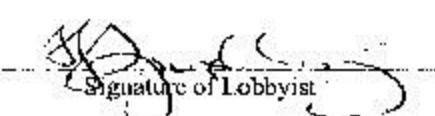
 New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

 Terminated Representation as of 7/1/99**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist